

**Application for Licensure to Operate an
Alcohol or Drug Treatment Entity (AODE)**

FOR ADMINISTRATIVE USE ONLY:

Date received: _____

Amount received: _____

I. IDENTIFICATION OF MAIN LOCATION

Name _____

Address _____

City/State/Zip/County _____

Telephone Number _____

Administrator _____

Days and Hours of Operation _____

Date AODE began operation at current address _____

Date AODE began operation under current owner _____

II. CONTROL

Name and address of individual owner, partners or corporation

If owned by a corporation, attach separate sheet listing names and titles of the governing body of the corporation.

III. PROGRAM(S) (Check appropriate line(s))

_____ Residential	_____ Detoxification
_____ Family Residential	_____ Outpatient
_____ Residential Transitional Living	_____ Intensive Outpatient

Location(s) of any program(s) if different from address listed in item I. (Identification)
(Attach separate sheet if needed)

(OVER)

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General, Division of Licensing and Regulation, and a new application will be completed at that time.

I agree that this service and all aspects of its operation shall be open during the hours of operation to inspection and surveillance by all state agency licensure personnel.

I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Signature of Authorized Representative

Title

Date

The initial licensure fee for an Alcohol or Drug Treatment Entity is \$155.00 for each facility.

The renewal licensure fee for an Alcohol or Drug Treatment Entity is \$80.00 for each facility.

The fee for a name change of an Alcohol or Drug Treatment Entity is \$25.00.

The fee for a change in location of an Alcohol or Drug Treatment Entity is \$80.00.

The fee for a change in ownership of an Alcohol or Drug Treatment Entity is \$155.00 for each facility.

Make check payable to Kentucky State Treasurer. **DO NOT SEND CASH.**

Return application and fee to:

Office of Inspector General
Division of Community Health Services
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

L&R 241
11/99